

ADDENDUM TO APPLICATION

Name of Applicant:

If you have answered YES to question 10a of the application, please complete the following questions:

1. Please list the institution(s) and indicate the hours you practice at each:

Institution Name	Number of hours
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Please describe the nature of work done at each facility:

  
  

3. Are you doing in-patient work?  Yes  No

If yes, are you treating your own patients or the facility's patients?

  

If they are the facility's patients and they are assigned to you, are you the only treating psychiatrist while they are at the facility?  Yes  No

If no, please explain.

  
  

Please note: If the facility covers you for your work, it will be excluded from coverage. If you are not covered by the facility, it is possible that a debit may be applied to cover you for the additional exposure you have. This would apply especially in the case where

you are not the only treating psychiatrist for the patients to whom you are assigned.

DAR-ADDENDUM

*Save form first on your computer before emailing.*